PART B - FEE(S) TRANSMITTAL

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(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Custon Number is required.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

604-380000

2. For printing on the patent front page, list

SCA Hygiene Products AB Gothenburg, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🔲 Government

4a. The following fee(s) are submitted:

KIDWELL, MICHELE M

Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Issue Fee

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5. Change in Entity Status (from status indicated above)

Typed or printed name Benoit Castel

(if necessary) □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature / Benoit Castel/ Date January 18, 2011

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